



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <u>201260</u> <u>LEXINGTON Police Dept</u>	DATE OF INSPECTION <u>01-20-13</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>721 S. BUSINESS 13 HWY LEXINGTON MO 64067</u>	TIME OF INSPECTION <u>1010</u>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER 48 °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2°C) (34.00)

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .098

TEST 2 .099

TEST 3 .100

☐ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>1</u>	(.15-.19) <u>0</u>	(Over .19) <u>0</u>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

GUTH LABORATORIES LOT # 12170 EXPIRES 09-05  
MEETS DOHSS STANDARDS

**INSPECTING OFFICER**

SIGNATURE [Signature]  
TYPE / PERMIT NUMBER / EXPIRATION DATE  
220369 10/19/14

PRINT NAME  
JOSH COEN  
TELEPHONE NUMBER  
(460) 259-6321



**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12170 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 11, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is September 5, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

**BAC DataMaster**  
Evidence Ticket

9011  
 DIFFERENTIAL SERIAL NUMBER 301260  
 9175012  
 10010

```

COMPUTER: OKAY
PROGRAM (64-87-2886): OKAY
REUTERS
SAMPLE CHAMBER# 480
FLOW DETECTOR: OKAY
PUMP :
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

```

```

    printf("%d\n", i);
}

int main() {
    int i = 0;
    while(i < 10) {
        printf("The value of i is %d\n", i);
        i++;
    }
}
```

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
LEXINGTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201260  
01/20/13

TESTING OFFICER:  
COEN/JOSH/S  
OFFICER I.D.: 308  
PERMIT NUMBER: 220369  
EXPIRATION DATE: 10/19/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

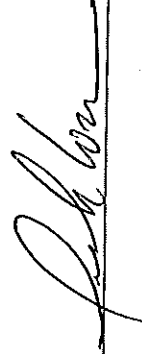
BLANK TEST	.000	10:13
INTERNAL STANDARD	VERIFIED	10:13
EXTERNAL STANDARD	.098	10:14
BLANK TEST	.000	10:15
EXTERNAL STANDARD	.099	10:16
BLANK TEST	.000	10:16
EXTERNAL STANDARD	.100	10:17
BLANK TEST	.000	10:18

N = 3  
SIM. = .1  
AVG. = .099

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901 PHONE 1-800-800-8143 (NPAS)



FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
LEXINGTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201260  
01/20/13

ARREST TIME: 10:15  
SUBJECT NAME:  
DOE/JOHN  
DOB: 03/08/75 SEX: M  
STATE/D.L.: MO/1234567890  
ARRESTING OFFICER:  
COEN/JOSH/S  
OFFICER I.D.: 308  
TESTING OFFICER:  
COEN/JOSH/S  
OFFICER I.D.: 308  
PERMIT NUMBER: 220369  
EXPIRATION DATE: 10/19/14  
MISCELLANEOUS DATA:

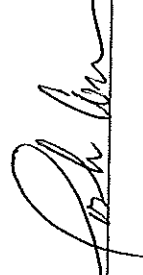
--- BREATH ANALYSIS ---

BLANK TEST	.000	10:42
INTERNAL STANDARD	VERIFIED	10:42
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.  
60021

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State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



JOSH S COEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/19/2012

Number 220369

Expires 10/19/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)